

Mel Martinez
United States Senator • Florida

315 East Robinson Street
Landmark Center One, Ste 475
Orlando, Florida 32801



(407) 254-2573 Phone
(407) 423-0941 Fax

PERSONAL DATA

Please Type or Print Legibly

Full Name: _____ SS# ____ - ____ - ____
(Last) (First) (Middle)

Permanent Address: _____ Phone: ____ / ____ - ____
(Street Address)

(City) (State) (Zip)

(email address) FL Resident: _____
(Yes/No)

Temporary Address: _____ Phone: ____ / ____ - ____
(Street Address)

(City) (State) (Zip)

Place of Birth: _____ US Citizen: _____ Height: _____ Weight: _____
(City, State) (Yes/No)

Date of Birth: _____

Father's Name: _____ Daytime Phone: ____ / ____ - ____

Mother's Name: _____ Daytime Phone: ____ / ____ - ____

Name of School: _____ Date of Graduation: _____

Principal: _____ School Phone: ____ / ____ - ____

Counselor: _____ School Phone: ____ / ____ - ____

Academy of Choice:

(Rank by order of choice)

U.S. Air Force

U.S. Naval

U.S. Military

U.S. Merchant Marine

ACTIVITIES/LEADERSHIP DATA

Please attach a one-page typewritten list of extra-curricular activities in which you have participated including any leadership offices you have held.

Please Read Carefully Before Signing:

I have read the information contained in this packet explaining the nominating procedures of Senator Martinez. I understand the Senator's requirements, including the requirement of a personal interview. I am also aware of the **postmark deadline of October 1, 2005**. I certify that I am a legal resident of the State of Florida and there is no known reason I should not be medically qualified to receive an appointment to a service academy, if nominated.

(Candidate's Signature)

(Date Signed)

(Place Photo Here)